## BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECO									Application or Docket Numb r					
	Effective November 10, 1998								09 1331936					
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMA TYP		ENTITY	OR	-	R THAN ENTITY
F	OR		NUMBI	ER FILED		NUMBER	EXTRA		RAT	Ε	FEE		RATE	FEE
BA	ASIC FEE									380.00	OR		760.00	
TC	TAL CLAIMS		→ S minus 20= * S X\$ 9= OR X\$18=				GP'							
INDEPENDENT CLAIMS			今 minus 3 =			= * 3			X39			OR	X78=	156
ML	MULTIPLE DEPENDENT CLAIM PRESENT								+130		-		+260=	
* If	* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA			OR	TOTAL	100%
	CLAIMS AS AMENDED - PART II									_ 1	<u> </u>	70	OTHER	
		(Coli	umn 1)		(0	Column 2)	(Column 3)		SMAL	LL E	NTITY	OR	SMALL	
AMENDMENT A		REM	AIMS AINING TER IDMENT		Pi	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	. 8	5	Minus	**	25_	=		X\$ 9	-		OR	X\$18=	
AME	Independent	* (	<u>)</u>	Minus	***		2		X39=		-	OR	X78=	
	FIRST PRESE	NIAIIC	N OF MI	JLIIPLE DE	PENL	DENT CLAIM			+130=			OR	+260=	
								L	TOT. DDIT. FI			OR	TOTAL ADDIT, FEE	
			ımn 1)			olumn 2)	(Column 3)	,	<b>J</b> J. 1. 1 1					•
AMENDMENT B	·	REM/	AIMS AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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	Independent FIRST PRESE	* C	N OF MI	Minus	###	$\overline{}$	=		X39=	†		OR	X78=	
			-		LIND	EIVI ODAINI		ſ	+130=			OR	+260=	
								Αſ	TOTA			OR ,	TOTAL ODIT. FEE	1
			mn 1)			olumn 2)	(Column 3)							
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	Independent	*	5	Minus	***	<u> </u>	=		X39=	1		OR	X78=	
لِــَـ	FIRST PRESE	27	4 OF MU	LTIPLE DEF	·Z(I	ENT CLAIM	36-01		24.00	t				
* If the entry in column 1 is less than the entry in column 2 write 10° in column 3														
!!	the "Highest Nur the "Highest Nur	nber Prev nber Prev	riously Pai riously Pai	id For IN THIS id For IN THIS	SPA SPA	CE is less thar CE is less thar	n 20, enter "20." n 3, enter "3."		TOTAL DIT. FEE	<b>:</b> L			TOTAL DDIT. FEE	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

## This Form is for INTERNAL TO USE ONLY it does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/325636

## Total Fee Calculation

·	Fee Code	Total # Claims	Number Extra	x	Fce	Fee	= Total
•	Sm/Lg.			-	Sm. Entity	Lg. Entity	Total
Basic Filing Fee	201/101				<del></del>		740
Total Claims >20	203/103	25 -20 =	. <u>5                                    </u>	(			70
Independent Claims >3	202/102	<u></u> -3 =	<u>)</u> x				756
Mult. Dep Claim Present	204/104						<u> </u>
Surcharge	205/105						
English Translation	139						750
TOTAL FEE CALCULA	ATION .					,	1136
Fees due upon filing th	ne application:						,
Total Filing Fees Due	= \$	1136					
Less Filing Fees Submi	itted -\$	<u> </u>	· .				
BALANCE DUE	= S	1136					
Office of Initial Patent F	xamination						
-		F.					•

Figurë 7

FORM CIPE-RAM-01 (Rev. 12/97)